

Happy Homecare UK Ltd

# Independent Living (Chorley, Leyland, Parbold & Standish)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Independent Living (Chorley, Leyland, Parbold and Standish) is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, 22 people were receiving regulated activity.

People's experience of using this service and what we found

There were issues around the safe recruitment of staff. Some pre-recruitment checks were not made in the four files we considered and, in one case, the service could not be satisfied that a member of staff had been safely employed. We found no evidence people were at risk of harm from this concern. This has resulted in making a recommendation that can be seen in the 'safe' section of this report.

Although we were satisfied people received their medicines as prescribed, some aspects of medicines administration and recording were not always safe. We have made a recommendation about this in the 'safe' section of this report.

People told us they felt safe. Staff understood their responsibilities about keeping people safe. Risks were identified and managed. Incidents and accidents were recorded so that they could be considered and reflected upon to make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

People told us staff were kind and caring. People said staff, including the registered manager, had met their expectations of a care service. People and relatives had a high levels of trust in staff which had a positive impact on their wellbeing. People and relatives described staff as "good and caring". Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept confidentially.

Staff had completed training in key areas and were supported to carry out their roles. People and relatives had confidence in staff and were content with the care they received. People were supported to access health services if needed. People's dietary needs were assessed and, where required, they were supported with their meals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were up to date about their individual needs and preferences. People received support that met their needs. People and their relatives knew how to complain, although none we spoke with had any complaints.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 05 September 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Independent Living (Chorley, Leyland, Parbold & Standish)

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 23 October 2019. We visited the office location on both days.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with one member of staff, the registered manager, a care coordinator and a representative of the provider. We reviewed a range of records which included four people's care records and four staff files. We looked at a variety of records relating to the management of the service, including policies and procedures. We also visited a person's home whilst staff were present to observe medicines practices and seek feedback.

### After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there were limited assurance about some aspects of safety. There was an increased risk that people could be harmed.

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

### Using medicines safely

- Medicines were not always managed safely. The recording of the administration and prompting of medicines was inconsistent. It did not always follow best practice and this could lead to staff being uncertain about whether people had taken their medicines.
- The registered manager told us medicines records audits and checks should take place every month but we saw that in one case, checks hadn't taken place in the past three months.
- These issues were immediately brought to the attention of the registered manager who took action including completing an investigation.

Although we found no evidence that people had been harmed as a result of these issues, we recommend that the provider reviews practices in relation to medicines management to incorporate best practice and guidance.

### Staffing and recruitment

- Safe recruitment procedures were not always followed. We found checks with previous employers in health and social care had not always been made and, in one case, some other pre-employment checks were not thorough enough. Other checks such as identification and any criminal records had been made.
- There was no evidence that anyone had been harmed as a result of these omissions. After the inspection, the registered manager and provider provided a report about the further enquiries they would make in future to ensure employees were safe to work with vulnerable people.

We recommend that the provider thoroughly reviews its recruitment processes to ensure they are compliant with legislation and best practice.

- There were enough staff employed. People and their relatives told us staff arrived on time, stayed for the right amount of time and they were not rushed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff that supported them. One person said, "I feel extremely lucky, let alone safe, the carers are outstanding. They attend to my needs on time." Another said, "As soon as I met the staff from Independent Living, I was reassured. I've never felt I am in safer hands."

- There were effective safeguarding processes in place and staff and the registered manager had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns.

#### Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.

#### Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Personal protective equipment (PPE) such as gloves were available to staff to reduce the risks of infections spreading. When we visited a person's home, we noted PPE was available.
- People told us staff wore PPE when providing personal care.

#### Learning lessons when things go wrong

- The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents happening. We noted some of these incidents had been discussed with staff in supervision sessions.
- The registered manager said, "I am continually learning lessons. There's something to learn every day and I try to impart this attitude on staff."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to/deteriorated to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide support. Where people lived and the impact on staffing capacity were also considered before a decision was reached about whether the service could meet a person's needs. People were complimentary about this with one person saying, "Other agencies would not accept me because of my needs. This one completed a full and thorough assessment. It is brilliant."
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate. These were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One relative said, "Staff know how to care for my relative, know what they are doing and seem well trained."
- Staff training in key areas was up-to-date. A program of additional face-to-face training sessions had been arranged to cover areas such as emergency first aid and dementia care and awareness.
- New staff had completed an appropriate induction to the service. If the staff member was new to care, they participated in the 'Care Certificate'. This is a recognised programme of quality training and supervision that covers essential elements of the provision of social care. Some staff had completed or were working towards additional qualifications in health and social care.
- Staff received regular supervisions and an annual appraisal. However, we noted that combined staff meeting were not being held. This is an opportunity for the registered manager and provider representative to receive feedback from staff and look at ways of improving the service. It is something that we were assured would be implemented after the inspection.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support with eating and drinking, where they had needs in this area. Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.
- People were complimentary about staff support in this area. A typical response was, "Carers support me in making my meals, they always ask me what I'd like to eat."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People received ongoing health care support. Where appropriate, referrals were made to health care services when people's needs changed. One relative said, "They [the staff] realised when my relative needed to be at the dentist and they sent someone to take her. Their service is second to none."
- Records showed the service worked with a range of external professionals to maintain and promote people's health.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the time of the inspection, no one using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- The registered manager had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "Staff are very understanding and always seek my permission before providing support."
- We saw that some mental capacity assessments within care records were not at a sufficient level to provide a practical guide to staff. This meant staff could be confused around the type and level of support that should be provided. The registered manager undertook to revise the assessments to reflect people's conditions and abilities.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff members and the registered manager were kind and compassionate. They told us their experiences of receiving care from staff had a positive impact on their wellbeing.
- One person told us, "I am very happy with my carers, they treat me and my family like royalty." Another said, "Staff are all very concerned about you and never patronising."
- A relative told us, "Everyone in the company I met or spoke to, is very obliging. Nothing is too much trouble for them."
- When we visited a person's home with the registered manager, we saw they had real empathy for the person they cared for and the person told us all staff members treated them well. The registered manager spoke with deep affection and understanding of working with people and their whole family.
- Staff understood the importance of treating people as individuals with rights. Staff were aware of equality and diversity issues and recognised that each person was unique with their own lifestyle and needs.

Supporting people to express their views and be involved in making decisions about their care

- Staff helped people to express their views so staff and the registered manager understood their preferences and choices. One person said, "I know my needs better than anyone and staff always listen to what I have to say and how I want things done."
- When people could not make day-to-day decisions, we noted family were involved and any decisions were made in conjunction with them.
- If required, the service provided information to people about advocacy services. This meant people had someone who could speak up on their behalf if, for example, family members were unavailable.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were good at upholding their dignity. This meant people felt respected and were comfortable with staff entering their homes.
- People were promoted to be as independent as they were able and wished to be, without compromising safety. One person said, "I like to do certain things for myself. My carer lets me do as much as I can."
- The registered manager and care coordinator could describe to us in detail people's likes and dislikes. They knew people well.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remains the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were person centred, up-to-date and reviewed regularly. They were well written and contained information about people's daily routines and specific care and support needs.
- The registered manager and coordinator knew people's needs and preferences and were responsive to their changing needs. In one case, we noted a person's call times were changed to reflect wishes and visits by relatives.
- People were supported by staff to participate in activities which were meaningful to them. One person said, "Staff are good people, they take me out for walk or to activity groups when I fancy going out."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met people's communication needs. Staff assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff and other professionals.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff directly or with the registered manager with matters of a more serious nature. One said, "If I had anything that needs attending to by the managers, I will call one of them. The one I have spoken to before was very approachable." Another said, "If I was unhappy, I would speak to the managers and it would be sorted out quickly."
- People who used the service were given a copy of the provider's complaints process when they started using the service. This was contained in an initial guide with useful information and contact details of people in the service who could assist. It also explained how to raise any concerns and how they would be managed. The service had not received a formal complaint since the last inspection in July 2017.

End of life care and support

- The service had an end of life care and support policy. At the time of the inspection, no one was receiving end of life support.

- The registered manager and care coordinator said that in the event people required end of life support, the service would work with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said that end of life considerations formed part of the initial training all staff received. Some staff had additional more specialised training and this would be arranged for all staff who were providing end of life care and support.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and the registered manager understood their roles and responsibilities. They understood the primary aim of the service was to deliver the best possible care and support to people.
- There was management oversight in the service but there was limited documented oversight by the provider. There was an absence of a regime of provider checks in areas such as the recruitment and regulatory responsibilities. The provider representative and registered manager agreed that a schedule of provider led checks would be implemented.
- The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to people and staff. Staff members were positive about this and said that the registered manager was usually available to assist on any matters they came across.
- There was a system for people to be supported at unexpected times. One person said, "They care so much that they are accessible out of hours and they also gave us emergency numbers to call them 24 hours a day."
- The registered manager understood their regulatory responsibilities to inform CQC about significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager, provider and staff members were committed to providing high-quality care which reflected the preferences of people.
- The registered manager and provider had a clear vision and strategy for the service. The provider representative said, "I am determined to be more hands on in relation to the service and in further improving care and support to people."
- We observed interaction between the registered manager, provider representative and staff and noted that it was positive, respectful of each others position and centred around doing the best for people they supported.
- People told us their views about the service were sought by the registered manager and provider and their views listened to. One said, "I have completed questionnaires and surveys and they really appreciate people's views."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us they were always honest with people if things went wrong and, where

appropriate, would make referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong or changes were required to support a person. We noted that this often involved used confidential social media type messages to inform staff.

#### Continuous learning and improving care

- The registered manager and care coordinator assessed, monitored and improved the quality of the service provided. They completed audits of care plans and the administration of medicines. In one case, highlighted in the 'safe' section of this report, we noted that medicine's checks were incomplete.
- These checks had not identified the issues documented earlier in the 'safe' section of this report and there was no documented input in these areas from the provider. The registered manager and provider representative provided a report after inspection about how a regime of further checks and reviews would be implemented which would incorporate areas of 'best practice'.

#### Working in partnership with others

- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. Staff were proactive in contacting community-based health professionals to seek advice and guidance about how best to meet people's care and support needs.